Influences on Health

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In Bang Chan, a discussion of sickness and health merely in terms of element balance would be true but insufficient, or even superficial. After all, whether manipulated by oneself or by a professional curer, elements could only be controlled within certain limits. Far deeper questions were posed, probing the ultimate nature of health, life, and death. What determined the particular proportions of a person's 4 elements with which he had been born, and whether he had, say, a preponderance of wood from Jupiter or gold from Venus? The immediate answer of astrological confluences on the date of birth would be true, for each day had its own qualities and aspects, but it was not enough. Why had he been born on that date to that set of governing factors? In life, why did one person meet the circumstances that created illness, while another lived in glorious health? The answers to these questions must be sought in the Buddhist moral and cosmic beliefs.

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The Buddhist universe operated on a principle of immutable law. Each person received his just due, suffering for his own sins, enjoying reward for his virtue. There was no personified deity to help, forgive, or blame. Moreover, attachments were the cause of sorrow. Because existence was fraught with desires, all life was basically painful. Even flashes of happiness by their cessation caused sorrow.

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In this universe and on this earth, individuals, each a unique and independent entity, were born to live and die, over and over again, throughout eons of time. They bore no relation to each other. Separate and autonomous, each was in charge of his own destiny. All beings formed a single grand scale of existence from demons in hell, through such lowly creatures as worms and insects, upward through dogs, cats, buffaloes, and elephants to mankind, then on up to angels and gods in the last paradises before the peace of Nipphān (Nirvana).

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The insight of the Buddha showed the way to break the sorrowful eternal cycle of rebirth and reach Nipphān. The Buddha perceived that meritorious behavior caused one to progress up this ladder of existence toward freedom from incarnation. In each life merit (bun) could be accumulated by compassionate behavior: caring for priests, and being kind and generous to persons less able to care for themselves. With merit one's next life was happier and freer of restrictions. A dog had more merit than a worm, a buffalo than a dog.

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Chapter V

BIRTH CUSTOMS: THEIR SIGNIFICANCE

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Physiological ideas clarify only part of DÛan's tale. To illuminate other underlying tenets, we begin with the idea of help.

Help

[812] In "Influences on Health" (p.27) it was pointed out that Bang Chan conceived of individuals as unique beings, each with his fate in his own hands, with no bonds nor responsibilities to any other being. In an earthly existence, though, it would be difficult to obtain satisfaction or even life itself under such separatist terms. What relationship was possible between such autonomous beings? How in fact was rebirth brought about? Help (chuai) was the fundamental principle for organizing social interaction. Without help, the villagers saw existence not only as lonely and ineffective but even unrealizable. With it, personal and mutual goals were achieved, and life was enriched. People were "independent agents serving each other because it is mutually beneficial" (Phillips:63).

Responsibility for initiating help lay formally with persons of greater age or higher status. Elders assisted juniors, government officials assisted peasants. They received in return gratitude, obedience, and respect. Parents received care in their old age from the children they had nurtured. In the ordinary walk of life, particularly in a household, though, aid took the form of a continuous give and take with associates. The view of help as the mainspring of social action cut through many a problem of initiating aid or waiting on another to act, for fundamentally, on the cosmic scene, all beings were equally old. The child who helped most by giving over his earnings was loved most by his parents (Phillips:89); when married, children helped their parents less than before marriage, still less if they cooked in separate kitchens in the same house, and much less when they moved to a separate house, for their time and cash went increasingly to maximize their own interests. [593]

by instruction from a ritually[71] approached teacher. "One cannot accidentally learn. One has to ask to be taught." As a practitioner in this field, the title "mɔ̄" signalised expertise; where teaching was involved, the title was khrū (teacher [McF. 183]) or ājhān (professor [McF.990]). Speech was the key to this tradition, in spite of sacred books and wall-carvings in the temples.[72] Modern education, being book-and-teacher based, shared in this aura. There, even today, listening is more comfortable than reading.

Techniques of the practical, natural world were learned not by teaching but pragmatically by observation, example and experience. Eyes were the key. "I know because I saw," said a midwife. At the highest level of achievement in the natural world one was expert (nak), e.g. convict (nak thōt, an expert in being punished) a tourist (nak thīaw, an expert in roaming around).[73] Within the natural world, an intense pragmatism reigned always emphasizing visual phenomena. People were keenly

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71. To speak ritually one held in the hand the trio of incense, flowers, and a candle. This was the way to cross over from the profane to the sacred world, to inform (bɔ̄k) or make a request of, a sacred being (a teacher, priest, king, or deity). The tiny flame of the offering invoked holy fire, and so had the effect of making one's words compelling, for no one could gainsay a request under such circumstances. A husband about to deliver his wife held incense, flower, and candle in hand as he requested the help of ancestors and spirits. (Bishop Pallegoix saved the existence of his mission by thus approaching the King [Pallegoix, Vol. 2:201]). The trio of offerings, whether at the 4 corners of the lying-in fire-floor, or in "bat phlī krathɔ̌ng" at a "thaw khwan" rite, or even in an ordinary khwan khaw made all actions and words compelling.

72. Because words, immaterial and invisable, lay at the base of occultism, words as continuous agents of power permeated Bang Chan's ordinary daily life. This was why words, verbal play, and punning initiated action: pregnant woman attended the monks' "coming out of retreat" (ɔ̄k phansā) so that the child would "come out" (ɔ̄k) easily.

73. It should not be forgotten that most activities in the supernatural world had their technical sides, and the term "nak" was used there too. A curer had to learn his herbs; a dancer, his steps; and a master of ceremonies, the words of the chants.

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aware of what they observed and interested in experimentation. One woman, observing a mother who did not take any medicine, and even ate jackfruit, commented that she was "quite strong." Another watched what happened to a parturient who had no one to boil water for her, so used canal water. "She is healthy!" she exclaimed. Another decided to test whether not burning up all the wood made a child unable to finish his work and found the maxim untrue.

Just as supernatural knowledge was individually transmitted from a teacher to a pupil, so knowledge learned by observation was personal, even idiosyncratic. The actual observer of a phenomenon might change his ways accordingly, if he wished, but no one else would do so unless he too "saw it with his own eyes." The habits of one did not become the habits of another unless the same visual experience had been shared.

Because of the separation of the occult and the practical, the old midwives of Bang Chan would find it inconceivable that technical aspects which should be visually transmitted could be taught from a book.

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An old woman summed up significantly 2 attitudes saying, "In the old days people made more merit and so lived longer, but because we had no hospitals, the children died younger." The relation of good health and longevity to proper religious and moral behavior was fundamental in Bang Chan. If merit did not suffice, medical attention, traditional or modern, could not prolong life. Children, however, were tender (ɔ̄n) and easily prey to sickness. Traditional care could help them, but being delicate and tender like city people, children could also be helped by modern hospital care.

Between the 2 systems people sensed little conflict, for each patient made a preliminary diagnosis of his symptoms and sought the type of assistance his diagnosis and convenience indicated. Mɔ̄ with some knowledge of both systems might offer their patients a choice of remedy. With the right diagnosis, magic, and medicines, a quick cure was expected. If not forth-coming, people were disappointed and moved to another specialist for his help. Modern medicine merely took its place as one more recourse.

The basic handicap of modern medicine was that it had no magical resources or holy water. "Its effectiveness is limited to the properties of the ingredients." Old medicine on the other hand had, in addition to these properties, "The strength of the mɔ̄'s incantation plus the power of every person who learned and used that incantation, back to the time of its discovery, centuries ago." Thus where the medical schemes offered the same specialty, as in fevers, bone-setting, or obstetrics, the old appeared to offer more resources.

Besides its deficiencies in magic and strength-making attributes, modern medical care had other drawbacks. First, it was not accessible. A trip to Bangkok for medical purposes involved far more time than a day. Mīnburī's Health Center was a feasible trip, even for a woman in labor (stays ranged from 6 to 24 hours). Home arrangements for tending children, feeding buffalo, and other chores were less demanding. Bang Chan's eagerness for local modern care was shown when a Bangkok physician visited Bang Chan for a few times as part of a nutrition study. He was besieged with private requests for medical advice. Secondly, modern medical care was expensive. In Bangkok, after the expense of getting there, taxis, food, and housing costs for accompanying relatives, hospital, and doctor's fees sometimes meant losing the family gold and even land. Mīnburī's costs were closer geared to farm income, but medicines appeared costly. "Modern drugs taste and act better, but the poor have to use the old." Third,

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home brew; rub-on medicine (yā chup) instead of a fire or fire-container; canned cows' milk, and nursing bottles for the baby, and the bottles washed with salt; the transfer of a baby from the tray to the cloth cradle before the termination of the fire-rest because "he needed fresh air;" and the rejection of the turmeric rub against the wind element as "dirty and ugly."

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To use modern medical care was becoming prestigeful. Most spectacular here was a case of a prosperous and educated man who had had 9 children, then "feared he could not feed them all," so underwent voluntarily a vasectomy. Patronage of the second class doctors who used modern medications but explained them in traditional terms was frequent among the well-to-do. The Mīnburī Health Center, a resource in case of over-long and difficult labor, was beginning to be seen as a fashionable place to go for medical care and parturition. The case of the 7 teachers who laid plans ahead to go to the Center (but their quick labor precluded attempting to get there) showed that prestige had a stronger lure than convenience at times. It was much more convenient to bear a child at home, yet one of these teachers even talked about wanting to be delivered in Bangkok at the Woman's Hospital, an extreme of prestige and practical inaccessibility.

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The drive toward progressiveness led to conscious re-examining of those "old ways" that could be visually tested. One woman said, "There are fewer spirits (phī) nowadays." There was the mother who pondered the maxim about burning up all the wood collected by the husband to make a child finish tasks when he grow up. Finding it not true, she abandoned it at her next confinement. A man said that the old belief that papaya should not be planted near the house because "it dies easily and doesn't like water," and so would affect a child, was "unreasonable because the harm was not specific [e.g. a threat to skin or eyes]. If specific, I might believe it." An opening wedge of disbelief was noted where a woman gave no bit of rice to her baby to start a habit for later benefits because "she was told but didn't believe it," and another who said the "winnowing rite was not important."

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In addition to prestigeful changes were those due to individual circumstance, taste or preference, and convenience unaffected by social aspirations. One woman rejected going to the Mīnburī Center for delivery and took up the hot-ashes container instead of a fire because she could better direct her older children, and "it was less hard on them." A poor woman took no medicine during pregnancy because she had no money to buy it. A comment that of recent years medicines were purchased because "women are too lazy to make them up" as in the old days, sounded more personal than socially significant. A change induced by lack of money was that "hot spices

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are less eaten today because they are too expensive."

A slight trend towards depersonalization might be part of the aping of urban behavior, or idiosyncratic, or of more general significance.[76] The Minburi Health Center may have been used to avoid certain face-to-face situations. A woman whose labor was prolonged was taken there by her (male) midwife who had to get to a meeting. He preferred the impartiality of the Center to turning her over to another midwife. A woman took up the hot-ashes container so "others would not have to wait on her." Another appeared to have obtained a midwife from outside the community rather than seek out someone inside and closer at hand. A very poor woman used no boiled water because of inadequate help in the household to prepare it. Whatever the circumstances of her social isolation, ordinarily kin or neighbors would have seen to it that this job was done. This episode too was watched by neighbors who commented that since her health remained good, boiling might be unnecessary. Finally, to advertise certain medicines, a firm handed out yan, the magically inscribed cloth, to suspend on the holy cord that surrounded the mother. This was a long way from the personally inscribed "yan" of old.

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A final reason for the acceptance of change was the larger number of choices of behavior because of a broader horizon. Bang Chan had never been an isolated community, for pilgrimages and visiting through easy boat-travel had been for decades part of its life. Yet the growing number of literates, the establishment of bus and other transportation services to the city, the experience, for a few, of work in Bangkok or of military service in Korea, the continuous association with non-Thai, (Chinese, Muslims, a Cambodian, and now the Americans), and the now somewhat diversified economy of the community all led to the increased familiarity with other ways of doing things. Patterns of childbirth were already reflecting this awareness.

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Unchanging in the scene at childbirth was the necessity of supernatural assistance, and heat to ripen and restore the mother.

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76. I feel this evidence is slight, and set it down merely as a point for future observation.